



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 14-00923-237

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Clement J. Zablocki
VA Medical Center
Milwaukee, Wisconsin**

August 12, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of June 16, 2014, at the following CBOCs which are under the oversight of the Clement J. Zablocki VA Medical Center and Veterans Integrated Service Network 12:

- Cleveland CBOC, Cleveland, WI
- Milo C. Huempfner CBOC, Green Bay, WI

Review Results: We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- A hazardous materials inventory review occurs twice within a 12-month period at the Milo C. Huempfner CBOC.
- The examination room designated for women veterans is equipped with either an electronic or manual door lock at the Cleveland CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation is completed at each episode of care where the newly prescribed fluoroquinolones was administered, prescribed, or modified.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–20, for the full text of the Directors' comments.) We consider Recommendation 2 closed. We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ² and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted physical inspections of the Cleveland and Milo C. Huempfner CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	The CBOC's inventory of hazardous materials was not reviewed for accuracy twice within the prior 12 months at the Milo C. Huempfner CBOC.
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	The examination room designated for women veterans was not equipped with either an electronic or manual door lock at the Cleveland CBOC.
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Milo C. Huempfner CBOC.

2. We recommended that the door to the examination room designated for women veterans is equipped with electronic or manual locks at the Cleveland CBOC.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 7 (18 percent) of 39 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for three of six patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 2 of 13 patients.
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 9 (25 percent) of 36 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

3. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

- 4.** We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- 5.** We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- 6.** We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.^c

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 13 (33 percent) of 40 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendation

7. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.^d

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Appleton	WI	695BY	Urban	Very Large	2,683	13,081	15,092	16,376	14,249	37,160	78,125	129,534
Milo C. Huempfer	WI	695GD	Urban	Mid-Size	761	3,807	3,028	4,913	5,187	8,778	10,435	24,400
Cleveland	WI	695GC	Rural	Mid-Size	659	3,608	1,543	3,978	2,562	7,620	4,812	14,994
Union Grove	WI	695GA	Rural	Mid-Size	711	3,157	2,094	3,435	3,249	8,648	6,336	18,233

³ Includes all CBOCs in operation before March 31, 2013.

⁴ Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

⁹ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Appleton	Optometry Podiatry Anti-Coagulation Clinic	Laboratory Rehabilitation Radiology Nutrition Pharmacy Electrocardiography Social Work Diabetes Care	Tele Primary Care Tele Case Management
Milo C. Huempfer	---	Nutrition Laboratory Rehabilitation Electrocardiography Pharmacy Social Work Audiology	Tele Primary Care Tele Case Management
Cleveland	---	Nutrition Electrocardiography	Tele Primary Care
Union Grove	---	MOVE! Program ¹⁴ Electrocardiography	Tele Primary Care

¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

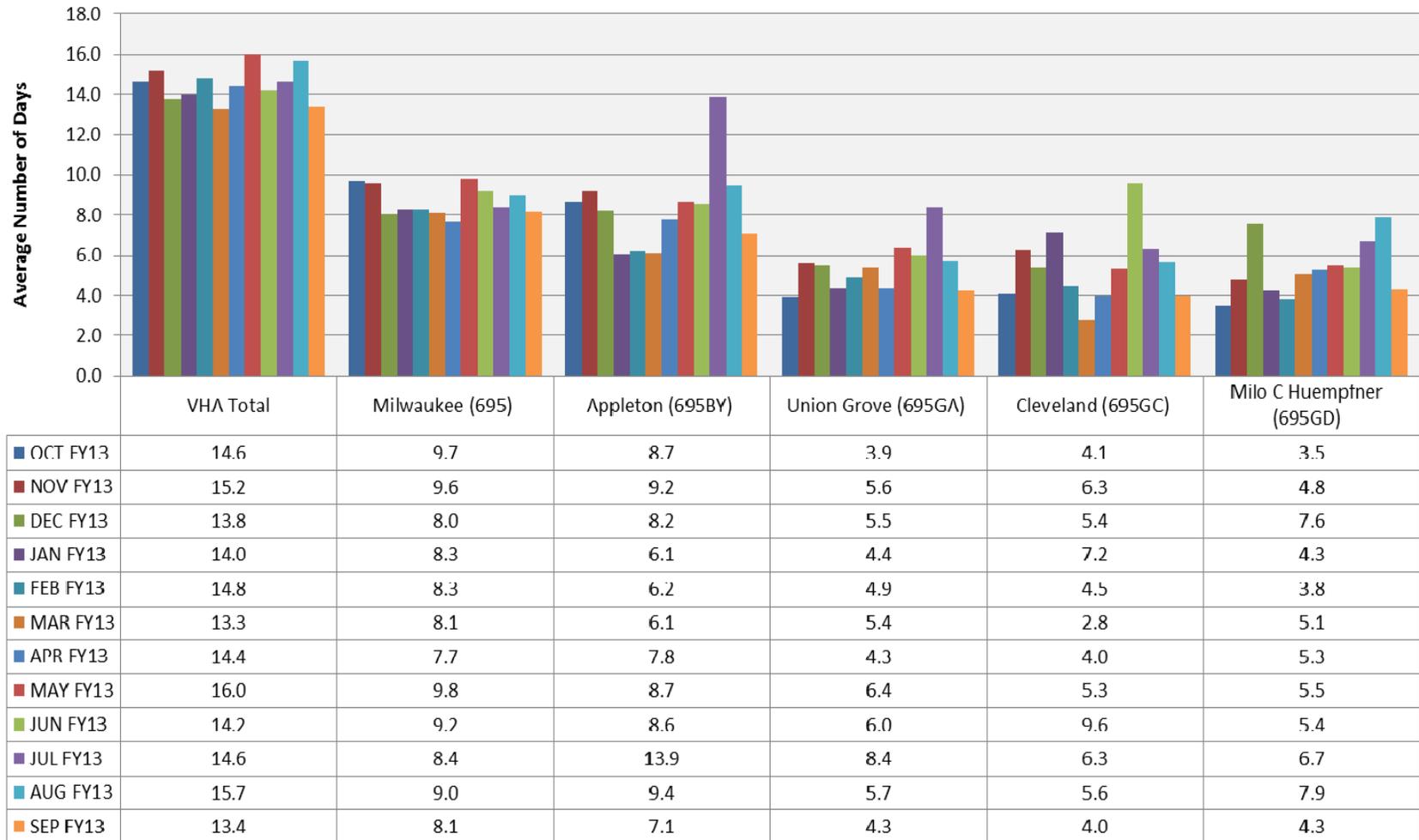
¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

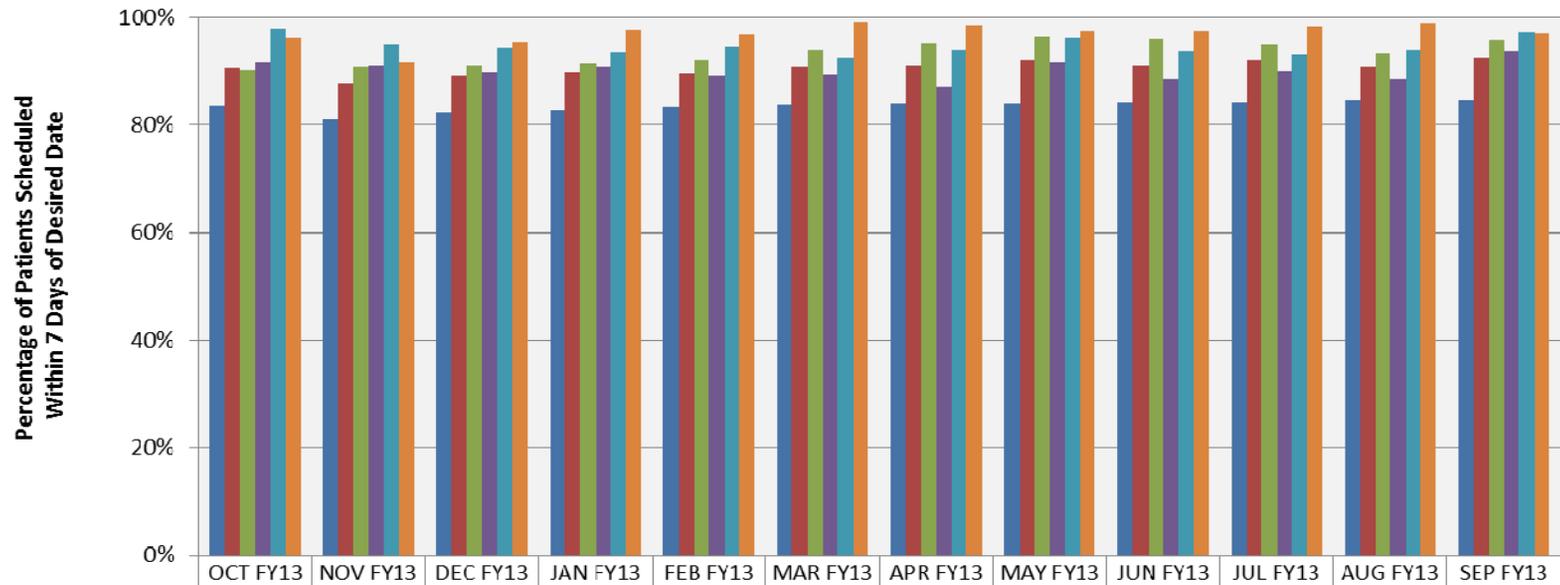
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



Data Definition.^e The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

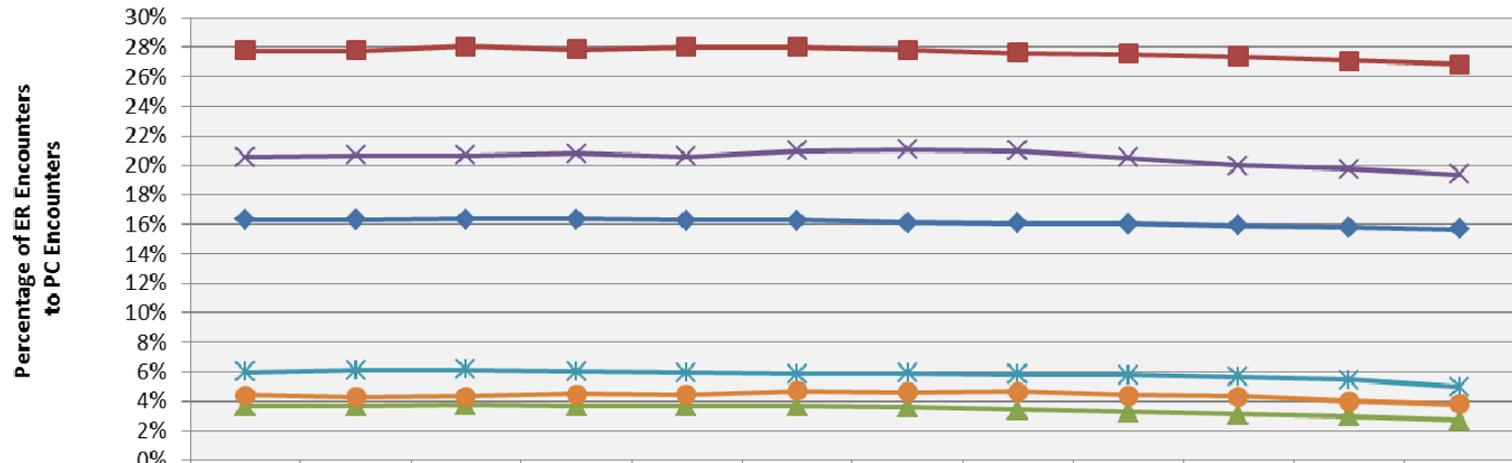
FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Milwaukee (695)	90.5%	87.6%	89.1%	89.8%	89.4%	90.7%	90.9%	92.1%	91.1%	92.2%	90.8%	92.3%
Appleton (695BY)	90.2%	90.9%	91.0%	91.6%	92.2%	94.0%	95.2%	96.3%	96.0%	94.9%	93.3%	95.7%
Union Grove (695GA)	91.6%	91.1%	89.6%	90.8%	89.1%	89.2%	87.0%	91.8%	88.7%	89.9%	88.5%	93.7%
Cleveland (695GC)	97.8%	95.0%	94.3%	93.4%	94.5%	92.4%	93.9%	96.1%	93.8%	93.0%	94.0%	97.2%
Milo C Huempfer (695GD)	96.1%	91.7%	95.5%	97.6%	96.8%	99.0%	98.5%	97.4%	97.5%	98.3%	98.8%	96.9%

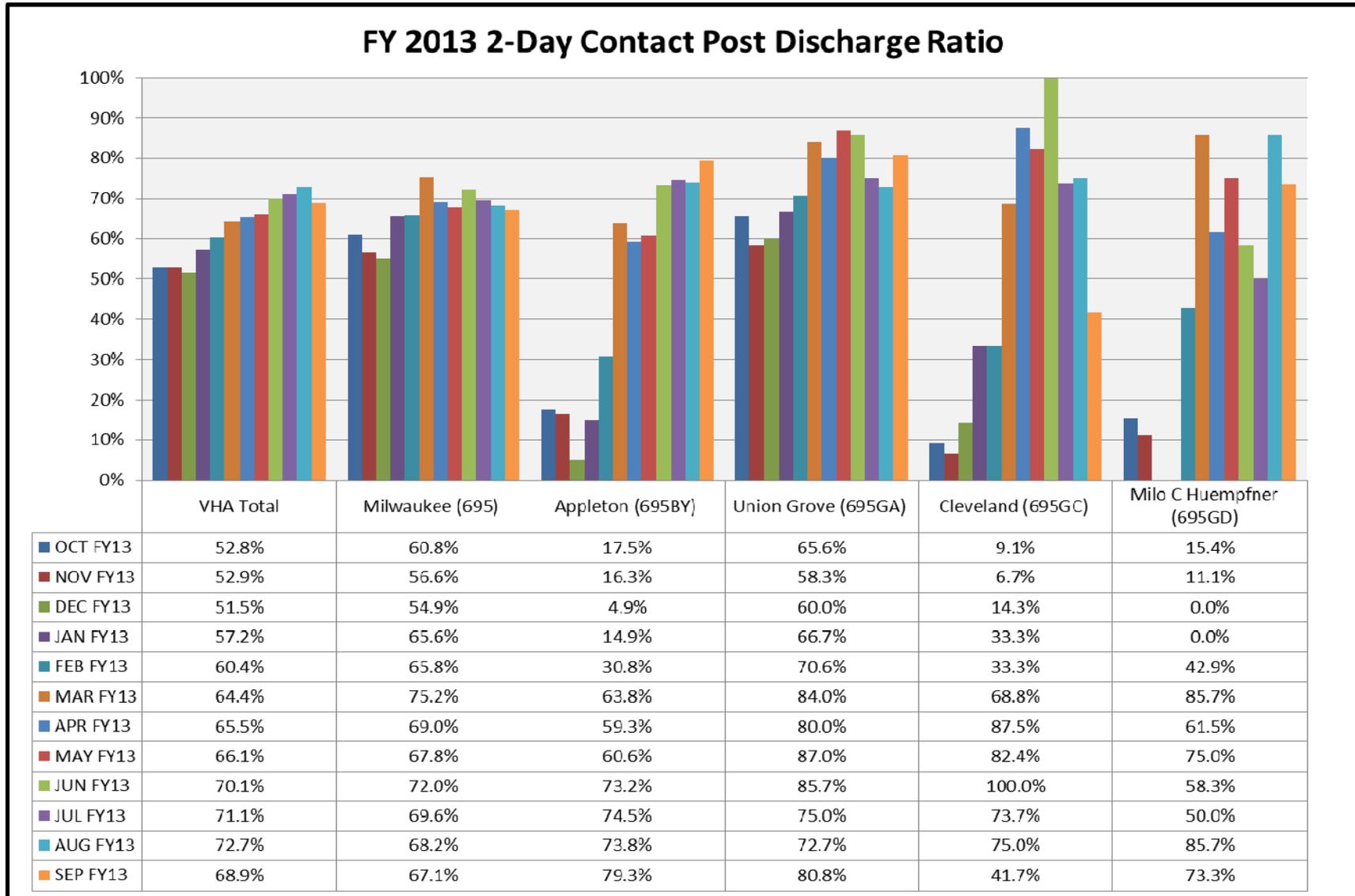
Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Milwaukee (695)	27.8%	27.8%	28.1%	27.9%	28.0%	28.0%	27.8%	27.6%	27.5%	27.4%	27.1%	26.8%
Appleton (695BY)	3.7%	3.7%	3.8%	3.7%	3.7%	3.7%	3.6%	3.4%	3.3%	3.1%	3.0%	2.7%
Union Grove (695GA)	20.6%	20.7%	20.7%	20.8%	20.6%	21.0%	21.1%	21.0%	20.5%	20.0%	19.8%	19.4%
Cleveland (695GC)	6.0%	6.1%	6.1%	6.0%	6.0%	5.8%	5.9%	5.8%	5.8%	5.7%	5.5%	5.0%
Milo C Huempfer (695GD)	4.4%	4.3%	4.3%	4.5%	4.4%	4.7%	4.6%	4.7%	4.4%	4.3%	4.0%	3.8%

Data Definition.^e This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s PCP/AP.



Data Definition.^e Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

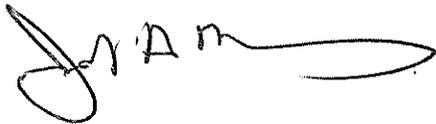
Date: July 14, 2014

From: Director, VA Great Lakes Health Care System (10N12)

Subject: **CBOC and PCC Reviews of the Clement J. Zablocki VA Medical Center, Milwaukee, WI**

To: Director, Chicago Office of Healthcare Inspections (54CH)
Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. Attached please find the CBOC and PCC Reviews response to the draft report from the Clement J. Zablocki VA Medical Center, Milwaukee, WI review.
2. I have reviewed the completed response.
3. I appreciate the Office of Inspector General's efforts to ensure high quality of care to veterans at the Milwaukee VAMC.



Jeffrey A. Murawsky, MD, FACP

Facility Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 11, 2014

From: Director, Clement J. Zablocki VA Medical Center (695/00)

Subject: **CBOC and PCC Reviews of the Clement J. Zablocki VA Medical Center, Milwaukee, WI**

To: Director, VA Great Lakes Health Care System (10N12)

1. Enclosed are the responses to the recommendations in the draft Office of Inspector General's report on the Milwaukee CBOC Review of the Cleveland, Wisconsin CBOC, HCC Review of the Green Bay, Wisconsin HCC and the Milwaukee Primary Care Clinics.
2. If you have any questions or wish to discuss this report, please contact me at (414) 384-2000, Extension 41025.



ROBERT H. BELLER, FACHE

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Milo C. Huempfner CBOC.

Concur

Target date for completion: November 1, 2014

Facility response: The Medical Center and associated clinics will perform the bi-annual hazardous material inventory during the months of April and October. This will be tracked through the Environment of Care Council. The hazardous material inventory review for the Milo C. Huempfner Health Care Center was completed on April 30, 2014. The next review is scheduled for completion by October 31, 2014.

Recommendation 2. We recommended that the door to the examination room designated for women veterans is equipped with electronic or manual locks at the Cleveland CBOC.

Concur

Target date for completion: June 25, 2014

Facility response: On June 18, 2014 the building landlord was contacted to install a lock on an examination room that had been designated for women Veterans. On June 25, 2014 that landlord informed the clinic management that the work was completed. The clinic staff confirmed the completion by visual inspection.

Recommendation 3. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: October 31, 2014

Facility response: The Primary Care Division Manager and Primary Care Provider Program Managers have met with the CBOC/Primary Care Clinic staff to review the requirement to complete diagnostic assessments for Veterans with a positive alcohol screen. This will be tracked on a monthly basis beginning in July 2014 by monitoring

the AUDIT-C positive clinical reminder completion rate. Compliance will be considered satisfactory if the completion rate is 90 percent or greater.

Recommendation 4. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: October 31, 2014

Facility response: The Primary Care Division Manager, Mental Health Co-Division Managers, Primary Care Provider and Mental Health Provider Program Managers have met with the CBOC/Primary Care Clinic staff to review the requirement to consistently offer brief treatment or a specialty provider referral within two (2) weeks of a positive screening. These options will be incorporated into the AUDIT-C positive clinical reminder in July 2014 for an AUDIT-C score of eight or greater. Compliance will be monitored on a monthly basis beginning in July 2014 by monitoring the AUDIT-C positive clinical reminder completion rate. Compliance will be considered satisfactory if the completion rate is 90 percent or greater. Veterans who cannot be reached after three attempts will not be included in the compliance rate.

Recommendation 5. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: October 31, 2014

Facility response: The Primary Care Division Manager, Mental Health Co-Division Managers, Primary Care Provider and Mental Health Provider Program Managers will ensure that Veterans with excessive persistent alcohol use receive brief treatment or a specialty provider referral within two (2) weeks of a positive screening. These options will be incorporated into the AUDIT-C positive clinical reminder in July 2014 for an AUDIT-C score of eight or greater. Compliance will be monitored on a monthly basis beginning in July 2014 by monitoring the AUDIT-C positive clinical reminder completion rate. Compliance will be considered satisfactory if the completion rate is 90 percent or greater. Veterans who cannot be reached after three attempts will not be included in the compliance rate.

Recommendation 6. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: October 31, 2014

Facility response: All but one current Patient Care Aligned Team RN has completed the Motivational Interviewing training; this RN is scheduled to attend the Part 2 session in August 2014. Primary Care Leadership will develop a spreadsheet in July 2014 to track all new Registered Nurses hired for a Patient Aligned Care Team. The PACT appointment date for each RN will be entered, as well as their scheduled training dates for Motivational Interviewing Part One and Motivational Interviewing Part Two. This will be reviewed monthly by the Primary Care Leadership beginning in July 2014 and reported to the Health Promotion Disease Prevention Committee. Compliance will be considered satisfactory if all Registered Nurses complete Motivation Interviewing Training within 12 months of appointment to a PACT.

Recommendation 7. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: October 31, 2014

Facility response: By July 31, 2014 the Medical Staff Leadership, in collaboration with the Pharmacy, will develop an automated process for the ordering of fluoroquinolones that includes the requirement of documenting medication reconciliation. By August 31, 2014 education will be provided to the staff members who order fluoroquinolones on the new, automated process. Beginning in September 2014, compliance with the new process will be monitored to ensure there is documentation that medication reconciliation is completed where newly prescribed fluoroquinolones were administered, prescribed, or modified. Compliance will be considered satisfactory if the completion rate is 90 percent or greater.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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Director, Clement J. Zablocki VA Medical Center (695/00)

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Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Tammy Baldwin, Ron Johnson
U.S. House of Representatives: Sean P. Duffy, Ron Kind, Gwen Moore,
Thomas Petri, Mark Pocan, Reid Ribble, Paul Ryan, F. James Sensenbrenner

This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

^b References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

^c References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

^d References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

^e Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.